PATENT APPLICATION FEE DETERMINATION RECORD

Effection December 8, 2004

Application or Docket Number

10/530712

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Colum	nn 1)		(Column 2)	, -	TYPE		OR	SMALL	ENTITY	
U.S. NATIONAL STAGE FEES								RATE, .	FEE		RATE	FEE	
BÁSIC FEE			SMALL ENT	Г. = \$ 150	LAR	GE ENT. = \$ 300	E	SASIC FEE		OR	BASIC FEE	300	
EXAMINATION FEE			Satisfies PCT / (4) = \$ 50			ther situations = 100 / \$ 200	٤	XAM. FEE			EXAM. FEE	ZW	
SEARCH FEE			U.S. is ISA = ALL other co \$ 200 / 1	ountries =		ther situations = i 250 / \$ 500	s	SEARCH FEE			SEARCH FEE_	40	
FEE FOR EXTRA SPEC. PGS.			min	ius 100 =		/ 50 =		X \$ 125 =	**		X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			25 m	inus 20 =	•	9		X \$ 25 =		OR	X \$ 50 =	450	
IND	EPENDENT CL	AIMS	2 "	ninus 3 =	•	•		X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT			Ø		+ \$ 180 =		OR	+ \$ 360 =	360	
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL E		
AMENDMENT A	8296	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
	Total	. 39	Minus	3	7	= / /Q		X \$ 25 =		OR	X \$ 50=		
	Independent	. 3	Minus		3	= 7.		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
							7	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	n 2)	(Column 3)						;	
HB		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDMENT	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
***	Independent	•.	Minus	***		= -	7	K \$ 100 =		OR	X \$ 200 =		
`	FIRST PRESENTATION OF MU		ILTIPLE DEPENDENT C		LAIM		[+ \$ 180 =		OR	+ \$ 360 =		
							TO	FEE		OR	TOTAL ADDIT. FEE		
						,							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".													